PTC/8B/80 (11-08)
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Thereby revoke all previous powers of attorney given in the application identified in the attached statement under 37 CFR 3.73(b).  Practitioners associated with the Customer Number:  23628  Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used):  Name  Registration Number  Number  Number  Name  Registration Number  Number  Number  Name  Registration Number	POWER OF ATTORNEY TO PROSECUTE APPLICATIONS BEFORE THE USPTO								
Practitioners associated with the Customer Number: 23628			ittorney given	in the applic	ation identi	fied in 1	the attached	statement under	
Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used):    Name							<u> </u>		
Name   Registration   Number   Name   Registration   Number   Numb	OR							bermust be used):	
as attorney(s) or agent(s) to represent the undersigned before the United States Patent and Tredemark Office (USPTO) in connection with any and all patent applications sessigned goly to the undersigned according to the USPTO assignment records or assignment documents attached to the form in accordance with 37 CPR 3.73(b).  Please change the correspondence address for the application identified in the attached statement under 37 CPR 3.73(b) to:    The address associated with Customer Number: 23628	Ragistration Name Registration								
any and sill patent applications assigned only to the undersigned according to the USP10 assignment records of assignment disturbed active form in accordance with 37 CPR 3.73(b) to:    Please change the correspondence address for the application identified in the attached statement under 37 CPR 3.73(b) to:   X		Name	Number	_	110		~~~~~	Number	
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Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to:    X   The address associated with Customer Number: 23628	and and any and any load only to the undersigned according to the undersigned according to the useful assignment records of assignment uccurrence								
The address associated with Customer Number:  23628  OR  Film or Individual Nama  Address  City State Zip  Country Telephone Email  Assignee Name and Addrese: Nuance Communications, Inc. One Wayside Road Burlington, MA D1803  A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/95 or equivalent) is required to be filled in sech application in which this form is used. The statement under 37 CFR 2.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filled  Signature Signature and this is supplied below is suthorized to act on behalf of the assignee  Name Leanne J. Fitzgerald Telephone 781-565-5000	Please chann	om in accordance with 37 CPR 3.	for the applica	tion identified	n the attach	ed state	ement under 3	7 CFR 3,73(b) to:	
OR  Firm or individual Name  Address  City State Zip  Country Telephone Email  Assignee Name and Addrese: Nuance Communications, Inc. One Wayside Road Burlington, MA D1803  A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SBI/SE or equivalent) is required to be filled in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filled.  SIGNATURE of Assignee of Record  The individual whose signature and trile is supplied below is authorized to act on behalf of the assignee.  Signature Date OV-02. C 9  Name Leanne J. Fitzgerald Telephone 781-565-5000	Control of the Control of Number Control of the Con								
Address  City State Zip  Country Telephone Email  Assignee Name and Addrese: Nuance Communications, Inc. One Wayside Road Burlington, MA 01803  A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filled in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.  Signature Signature Date OF-05. C 5  Name Leanne J. Fitzgerald Telephone 781-585-5000	20020								
Address  City State Zip  Country Telephone Email  Assignee Name and Address:  Nuance Communications, inc.  One Wayside Road  Burlington, MA 01803  A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/98 or equivalent) is required to be filled in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filled.  Signature Signature Date OF-01.09  Name Leanne J. Fitzgerald Telephone 781-565-5000	OR								
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Title Associate General Counsel - Intellectual Property					Telephone	•	781-	565-5000	
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